

I, _____ agree to accept treatment and Case Management services at
Client's Name

Name of Clinic/Program

The treatment and case management services will include, but not be limited to: assessments, designations of a primary case manager or case management team, as well as individual visits, and advocacy. Signing this document implies agreement to all sections below:

CONTRACT GUIDELINES FOR SERVICES

1. **Appointments:** Your appointment time is specifically reserved for you. Because your appointment is reserved only for you, it is requested that you call at least 24 hours in advance to cancel appointments. *Remember, both your time and your case manager's time are very important.*
2. **Length of treatment** is based on a set of established criteria for Case Management services as well as your individual needs. Please discuss your expectations with your case manager and come to a preliminary agreement.
3. **Confidentiality:** All clients are assured of confidentiality while working with Case Management. A release of information form signed by you may authorize us to discuss any information with other individuals, and this agreement may be revoked by you at any time. There are some exceptions to confidentiality including:
 - a. The law requires that we notify the potential victim if we judge that a client has the intention to harm another individual.
 - b. We are required by law to report any suspected child abuse, neglect, or molestation to protect minors. Similarly, we are required to report suspected cases of elder abuse.
 - c. If we judge the client to be seriously suicidal or unable to care for himself, we are obliged to notify the authorities to arrange for hospitalization.

I have read, understand and agree to accept treatment at the above named Clinic/ Program.

Client Signature

Today's Date

Witness

Today's Date

Staff: Note here reason unsigned, if applicable.

County of San Diego
Health and Human Services Agency
Mental Health Services
Case Management Services

**CASE MANAGEMENT –
AGREEMENT FOR SERVICES**
HHSA:MHS-864 (6/29/2003)

Client: _____

MR/Client ID #: _____

Program: _____